

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6275</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Rochelle R Prather</u> P.O. Box, Bldg., Room No., if any _____ Street <u>164 E 154th STREET</u> City <u>Harvey</u> State <u>IL</u> ZIP Code + 4 <u>60426</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 880</u> Labor Organization File Number <u>515963</u> P.O. Box, Building and Room Number, if any _____ Street <u>164 E. 154th Street</u> City <u>Harvey</u> State <u>IL</u> ZIP Code + 4 <u>60426</u>
5. Position in labor organization. <u>LEAN Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Addus HEALTHCARE, INC.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City Homewood

State IL ZIP Code + 4 _____

7.a. Nature of Interest, Transaction, or Income.

Quarterly LABOR management meetings to discuss issues arising as a result of labor management relations. Refreshments will be provided by the employer.

7.b. Amount.

\$ 50/year

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Rochelle R. Prather

On 8/12/05
Date

708-596-1590
Telephone Number